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APPLICANTS

Case C. Grogan, Gaithersburg, MD;

Michael C. Hevey, Frederick, MD;
Alan L. Schmaljohn, Frederick, MD;

** CONTINUING DATA *****

This appln claims benefit of 60/267,522 01/31/2001

yes, hfl

** FOREIGN APPLICATIONS *****

none, hfl

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MD	SHEETS DRAWING 13	TOTAL CLAIMS 48	INDEPENDENT CLAIMS 5
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Verified and Acknowledged	Examiner's Signature <i>hfl</i>	Initials	

ADDRESS

ATTN: MCMR-JA (Ms. Elizabeth Arwine- PATENT ATTY)
U. S. Army Medical Research and Materiel Command
504 Scott Street
Fort Detrick, MD
21702-5012

TITLE

Chimeric filovirus glycoprotein

FILING FEE RECEIVED 2110	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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